



IN F 4
Docket No. 0575/60921-A/JPW/AJM/MVM

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Ira Tabas
Serial No. : 10/767,749 Examiner: B. E. Bunner
Filed : January 28, 2004 Group Art Unit: 1647
For : METHODS FOR PREVENTING ACUTE CLINICAL VASCULAR EVENTS IN
A SUBJECT

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: November 9, 2006

Sir:

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend- ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	20	* 20 =	*** 0 X	\$25	\$50	=	0
Indepen- dent Claims	5	** 5 =	*** 0 X	\$100	\$200	=	0
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No				\$180	\$360	=	0
				TOTAL ADDITIONAL FEE \$ 0			

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

One additional copy of this Amendment Transmittal Letter

Return Receipt Postcard

An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes No
and a fee of \$ included)

A Petition for an Extension of Time, including a fee of
\$ **225.00** for a Petition for 2 Month(s) Extension of Time

Other (identify):

THE TOTAL FEE DUE IS \$ 225.00

A check in the amount of \$ 225.00 is enclosed.

Please charge Deposit Account No. _____ in the amount of
\$ _____.

The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

Fees under 37 C.F.R. §1.16 for the presentation of extra claims
Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

~~Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.~~

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11/9/06

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For : METHODS FOR PREVENTING ACUTE CLINICAL VASCULAR EVENTS IN A SUBJECT

1185 Avenue of the Americas
New York, New York 10036
November 9, 2006

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT IN RESPONSE
TO AUGUST 19, 2006 OFFICE ACTION AND
PETITION FOR TWO-MONTH EXTENSION OF TIME

This Amendment is submitted in response to the August 9, 2006 Office Action issued by the United States Patent and Trademark Office in connection with the above-identified application. A response to the August 9, 2006 Office Action was originally due September 9, 2006. Applicant hereby petitions for a two-month extension of time. Applicant has previously established small entity status and such status is still applicable. The required fee for a two-month extension of time for a small entity is TWO HUNDRED TWENTY-FIVE DOLLARS (\$225.00) and a check for this amount is enclosed. A response to the August 9, 2006 Office Action is now due November 9, 2006. Accordingly, this Amendment is being timely filed.

Please amend the subject application as follows: